

CHAPTER 2 — EMPLOYER RESPONSIBILITIES

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200 Naming an Employer Agent

Any governing body may authorize, in a written designation filed by the governing body with the Department, an agent or agents to act for the governing body in all matters pertaining to the WRS (Wis. Stat. § 40.03(2)(j)) and all other programs administered by ETF. Therefore, each participating employer must designate an agent(s) through whom all WRS transactions shall be channeled. However, the governing body shall remain liable for all actions of the agent(s).

See Subchapter 203 for the *Designation of Agent* form (ET-1313).

201 Advising Employees

Significant negative impact can occur for employees when WRS agents fail to perform their duties. All employees eligible for WRS participation must receive a copy of *Your Benefit Handbook* (ET-2119) when they are enrolled in the WRS.

When an employee terminates participating employment, plans to retire, or becomes disabled, the employee must be given a *Request for Benefit Information* (ET-7301) to complete and mail to ETF as noted in Chapter 17.

202 Employer Agent Responsibilities

- Become familiar with WRS participation and coverage provisions including the use of proper forms.
- Determine initial WRS eligibility for each employee (see Chapter 3 for details).
- Determine WRS previous service for each employee (refer to Chapter 24 for further information).
- Determine the appropriate employment category for each WRS employee eligible for WRS coverage.
- Comply with WRS statute and rule reporting requirements.

- Transmit required employee and employer contributions with proper forms and reports by established due dates.
- Certify and report, on behalf of the employer, necessary information for the proper operation of the WRS.
- Inform individuals requested to furnish Social Security numbers, birth dates, etc., that the Secretary of the Department of Employee Trust Funds, under authority granted in Wis. Stat. § 40.03(2)(h), may request any information from any participating employee or from any participating employer as is necessary for the proper operation of the WRS.
- Distribute materials that are necessary for the effective administration of the WRS to employees, including the WRS annual Statements of Benefits.
- Refer employees to the ETF Call Center for answers to benefit questions and/or about their individual accounts:
 - Toll Free Customer Service 1-877-533-5020
 - Milwaukee (414) 227-4294
 - Local Madison (608) 266-3285
- Sign and transmit forms containing information used to determine eligibility or amount of benefit.
- Maintain employee records used in the proper administration of the WRS.
- Reorder forms from ETF before your supply runs out (See subchapter 005 for details).

203 Designation of Agent (ET-1313)

The employer **must** submit a completed *Designation of Agent* (ET-1313) form for:

- Designating a WRS agent
- Designating a WRS alternate agent
- Changing your existing WRS agent
- Changing your existing alternate agent

This form may also be used to designate and/or change the name of a retirement and/or insurance contact. You may call the Employer Communication Center at (608) 264-7900 to designate or change the retirement or insurance contact, but you must complete the *Designation of Agent* form when designating or changing the WRS agent or alternate agent.

The *Designation of Agent* form is available in the Employer section on ETF's Internet site at etf.wi.gov.

NOTE: You may make a copy of the following page to complete and send to ETF as your *Designation of Agent* form.

Department of Employee Trust Funds
P.O. Box 7931
Madison, WI 53707-7931

DESIGNATION OF AGENT

Wis. Stat. § 40.03 (2) (j)

The following position is designated as the agent representing the employer in matters pertaining to the programs administered by the Department of Employee Trust Funds. In the event the designated agent is unable to perform the duties of such position, the person indicated below as alternate agent shall be considered the agent until such time as the position designated as the agent is filled. We have also included room for the insurance and retirement contacts:

EMPLOYER IDENTIFYING NUMBER 69-036 _____

EMPLOYER LEGAL TITLE _____

TITLE OF POSITION OF EMPLOYER AGENT _____

NAME OF AGENT _____

AGENT'S PHONE NUMBER _____

AGENT'S E-MAIL ADDRESS _____

AGENT'S OFFICE HOURS _____

AGENT'S MAILING ADDRESS _____

EFFECTIVE DATE _____

TITLE OF POSITION OF ALTERNATE AGENT _____

NAME OF ALTERNATE AGENT _____

RETIREMENT CONTACT _____

PHONE NUMBER _____

INSURANCE CONTACT _____

PHONE NUMBER _____

Designation Certified By:

Date (MM/DD/CCYY)	Signature and Title of Certifying Official	Phone Number
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NOTE: For Departments of State Government only, the designation must be certified by the head of that agency.